



**DEFENDANT**

**NO.**

- The following dates and times were devoted by the Arbitrator to this case:**

Arbitrator's signature on this form certifies that she/he was duly appointed and served on this case for the dates and times stated above.

Date Signed

<b>FOR OFFICE USE ONLY</b>		<b>Make check payable to:</b> Name of firm Arbitrator's name (typed) Mailing address City, State, Postal Code Social Security or Tax Identification Number <i>(Used for reporting compensation to Internal Revenue Service)</i> Attorney at Law <input type="checkbox"/> Retired Judge <input type="checkbox"/>
Charge to County	TOTAL	
Charge to State		
Payment Approved By: ----- Signature, Director of Arbitration		

**FOR STATE USE ONLY**[illegible]